

U.S. Application No. 10/649,028
 Reply to Office Action dated November 27, 2006

PATENT
 450100-04702

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hirotsugu Terada
 Serial No. : 10/649,028
 Filed : August 27, 2003
 For : OPTICAL SYSTEM CONTROLLOR FOR VIDEO CAMERA
 Examiner : Khan, Usman A.
 Art Unit : 2622
 Confirmation No. : 5117

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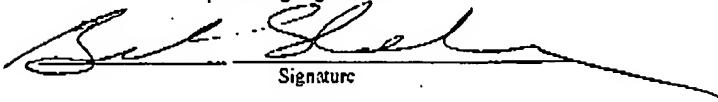
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January 29, 2007

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on November 27, 2006, having a three-month statutory period for response set to expire on February 27, 2007, please amend the above-identified application as follows.

U.S. Application No. 10/649,028
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Amendments to the Drawings begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks begin on page 8 of this paper.

An **Appendix**, including Replacement Drawing Sheets, follow page 9 of this paper.

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Usman A. Khan

Firm: U.S. Patent and Trademark Office
Art Unit 2622

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: January 29, 2007

Re: FLH Ref No.: 450100-04702
Serial No: 10/649,028

Number of Pages: 13
(including cover page)

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PATENT
450100-04702IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

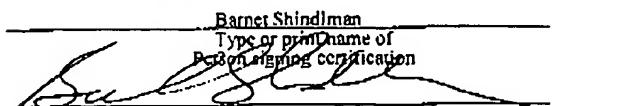
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	** = 20	*0x	\$50 (25)	=\$0
Independent claims	1	Minus	*** = 3	*0x	\$200 (100)	=\$0
Total additional fee for this amendment						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid , or is paid herewith .
- This response is being filed within the ___ month following the expiration of the term originally set therefore. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$ ___ is attached, which covers the cost of additional claims petition for extension of time.
- Charge \$ ___ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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 January 29, 2007

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Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for ApplicantsBy: 
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00425795